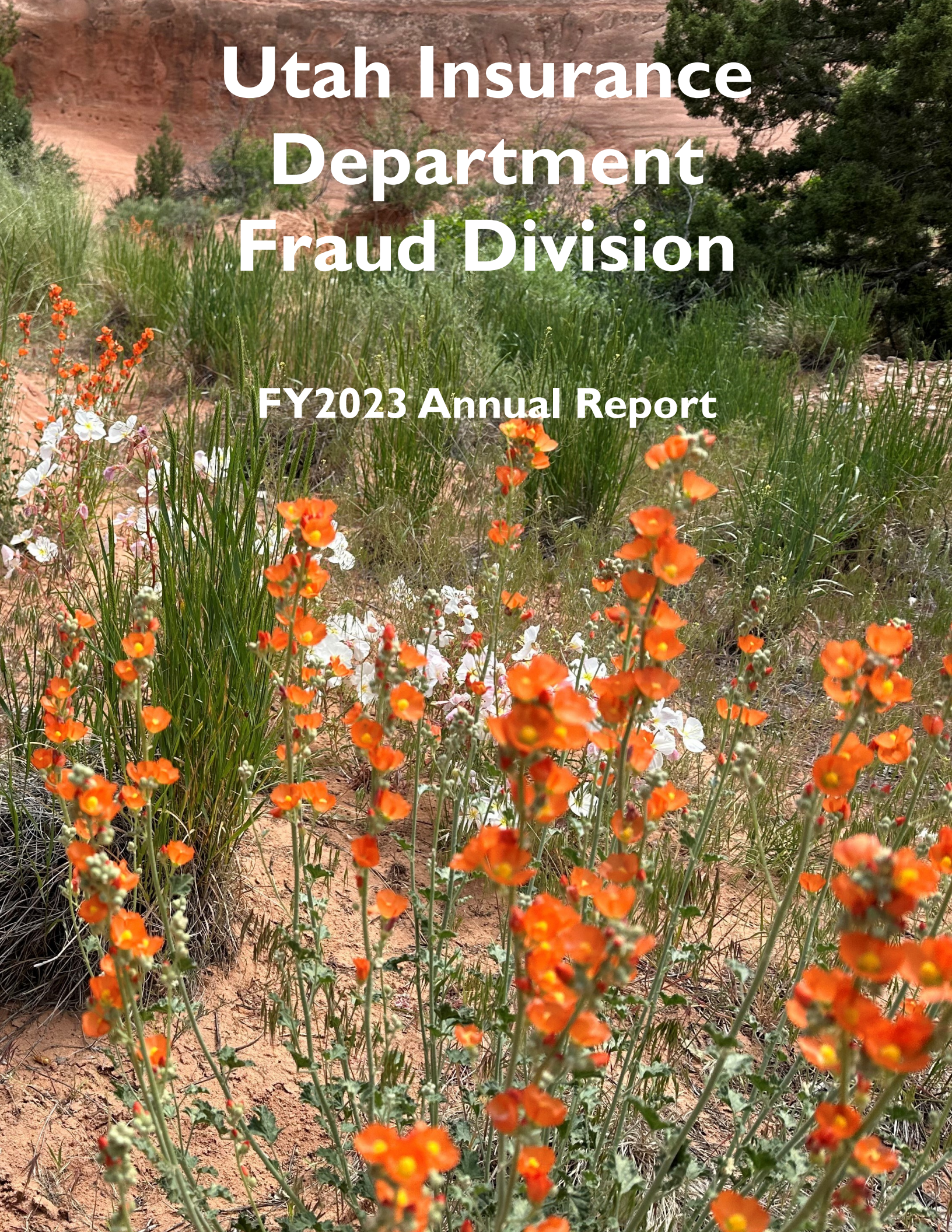


Utah Insurance Department Fraud Division

FY2023 Annual Report





MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:
Jonathan T. Pike

Fraud Division Director:
Armand A. Glick

Fraud Director's Message

The enclosed annual report provides an informative look at the efforts, accomplishments, and challenges of the Utah Insurance Department Fraud Division (IFD) for Fiscal Year 2023 (FY2023).

I am very proud of the efforts of the IFD and feel we have one of the most effective and successful insurance fraud investigative units in the nation. I am also proud of the continued collaboration and working relationship between the fraud division, insurance company special investigative units, local and federal law enforcement, the National Insurance Crime Bureau, and the Coalition Against Insurance Fraud. Collaboration with these partners is crucial for our overall success.

The IFD is not funded through taxpayer funds; instead, funding primarily comes through assessment to insurers who operate in the State of Utah. The fraud assessment is based on total premium sold in the prior year by each company. There are nearly 1,600 companies licensed to sell insurance in the State. The IFD's annual budget is approximately \$2,900,000.

In addition to the fraud assessment, the IFD is authorized by state statute to recover the costs of our investigations from the defendants we prosecute.

Unfortunately, insurance fraud continues to be a crime that is accepted by many as a way to make financial gain. Many feel that insurance companies are just big businesses and that lying on a claim is okay since they have been paying for their insurance for years without ever filing a claim. Others simply look to insurance as an easy target for their criminal activities.

Insurance fraud is a major crime that imposes significant financial and personal costs on individuals, businesses, government and society as a whole. It is estimated that each household pays \$400—\$700 per year in increased (non-health) insurance premiums due to insurance fraud. It is a crime that affects us all. (FBI—Insurance Fraud 03/07/2010)

It is the goal of the IFD to aggressively investigate and prosecute offenders in an effort to reduce the cost of insurance fraud in the State of Utah to our citizens. We also strive to increase public awareness of insurance fraud and how it detrimentally affects our economy.

More than \$45 billion in fraudulent property/casualty claims are made annually in the United States. Estimates for health care fraud are around \$105B billion. (Coalition Against Insurance Fraud—2022)

The continued support for the IFD will allow Utah to remain a national leader in the field of insurance fraud investigations.

Sincerely,
Armand A. Glick
Director, Insurance Fraud Division
Utah Insurance Department

Insurance Department - Overview

The Utah Insurance Department (UID) is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The mission of the UID is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the UID is accomplished through educating, serving and protecting consumers, governmental agencies, and insurance industry participants at a reasonable cost. We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

The UID's fraud division was created in 1996 with the mission of investigating criminal insurance fraud. The IFD investigators are Utah POST certified Law Enforcement Officers.

The IFD works closely with insurance companies investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), and state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through ISO Claim Search and the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is always reviewed by the IFD management team to determine whether it merits further investigation. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Utah Attorney General's Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same offices with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money they aren't entitled. Insurance fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property and casualty claims are fraudulent.

In a new study completed this past year, the Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than \$308.6 billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Coalition Final Estimate of the Cost of Insurance Fraud in the United States:

Property & Casualty	\$45B
Workers' Compensation	\$34B
Premium Avoidance	\$35.1B
Healthcare	\$36.3B
Medicare and Medicaid Fraud	\$68.7B
Life	\$74.7B
Disability	\$7.4B
Auto Theft	\$7.4B

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud

Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurance Agent Fraud

Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud

Health care providers, contractors, and others artificially inflating their billings to insurance; dentists billing for high noble metals while using a lower grade material for a crown; doctors prescribing a treatment that is not medically necessary; or roofers damaging or removing more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud FAQs (Coalition Against Insurance Fraud)

What isn't fraud?

- Good-faith disagreement between an insurance company and consumer about a claim
- Decisions by an insurer to decline your application or not renew your coverage.

Why is fraud so big?

- Insurance companies are in the business of paying claims. In many instances insurance companies unwittingly encourage fraud by paying suspicious claims too easily. It is cheaper to pay than risk fighting in court or a having a lawsuit for bad faith.
- Insurance fraud is a low-risk, high-reward game. Jail sentences are often light. Professional organizations overseeing doctors and lawyers are reluctant to discipline peers convicted of insurance fraud.
- Consumers tolerate fraud. Too many consumers believe insurance fraud is justified. Two of five Americans want little or no punishment for insurance cheats; they blame the insurance industry for its fraud problems because they believe insurers are unfair.

What are the newest trends?

- **Large fraud rings.** Increasingly, organized criminal enterprises are entering insurance fraud. Staged accidents and healthcare fraud rings are especially active and spreading.
- **Funding companies** that fund the costs of medical providers and lawyers in an effort to maximize the claim value of accident injury claims. Funding companies may be profit driven and may not have the best interest of the injured victim in mind. Their goal is to drive the cost of insurance claims upward for the benefit of the funding company, the providers, and lawyers, while the accident victims may be pressured to receive the medical care they may not need.
- **Vulnerable Immigrant populations.** America's large and growing immigrant groups are frequent fraud targets. Con artist prey on immigrants' trust, lack of English skills, and lack of understanding of how insurance works. Fraud rings consisting of these immigrants are also on the rise.
- **Internet schemes.** As consumers increasingly use the internet, swindlers have more opportunities to take money from victims and rout stolen money across international borders; making it nearly impossible to recover.

How can I protect myself.

- Never sign blank insurance forms. Demand detailed bills for repairs and medical services and check closely for accuracy. Be suspicious if the price of insurance seems too low to be true. Be careful of strangers who offer quick cash or urge you to see a specific medical clinic, doctor, or attorney following an accident. Contact the Utah Insurance Department to verify an insurance agent is licensed. Keep your insurance ID protected.

Community Outreach and Education



The IFD recognizes that many of our staged accidents, jump in accidents, inflated injuries, and unnecessary medical treatment complaints can be linked to different minority groups. To better serve these communities the IFD recognizes that community education may be able to play a vital role in reducing or eliminating members of these communities being recruited to commit insurance fraud.

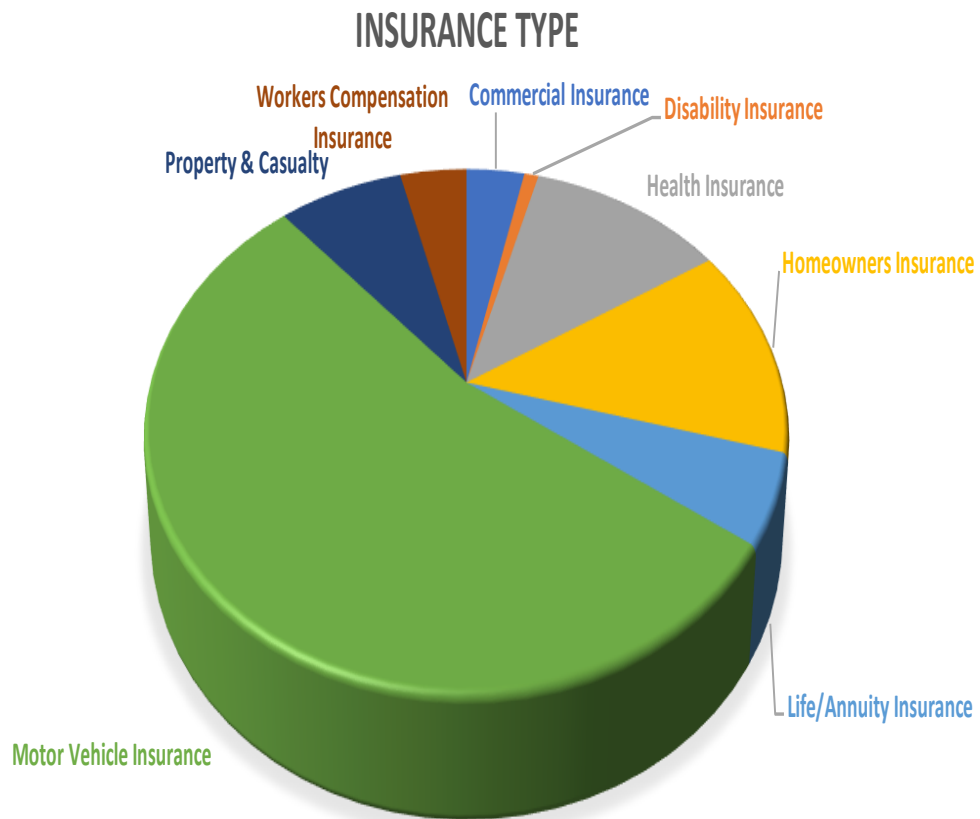
In preparation for this community outreach, the IFD prepared a number of different anti fraud brochures both in English and Spanish. Likewise, additional handouts were purchased in English and Spanish as well to encourage public interaction with our investigators as we attend various community events.

We hope that these efforts will help members of these communities better understand what insurance is properly used for and avoid being drawn into circumstances that could result in criminal prosecution.

In addition to these efforts, laws were recently passed making it illegal for lawyers and medical providers to pay people to recruit patients or clients involved in auto accidents. Runners who approach someone encouraging them to seek medical treatment or legal representation, are likely breaking the law.

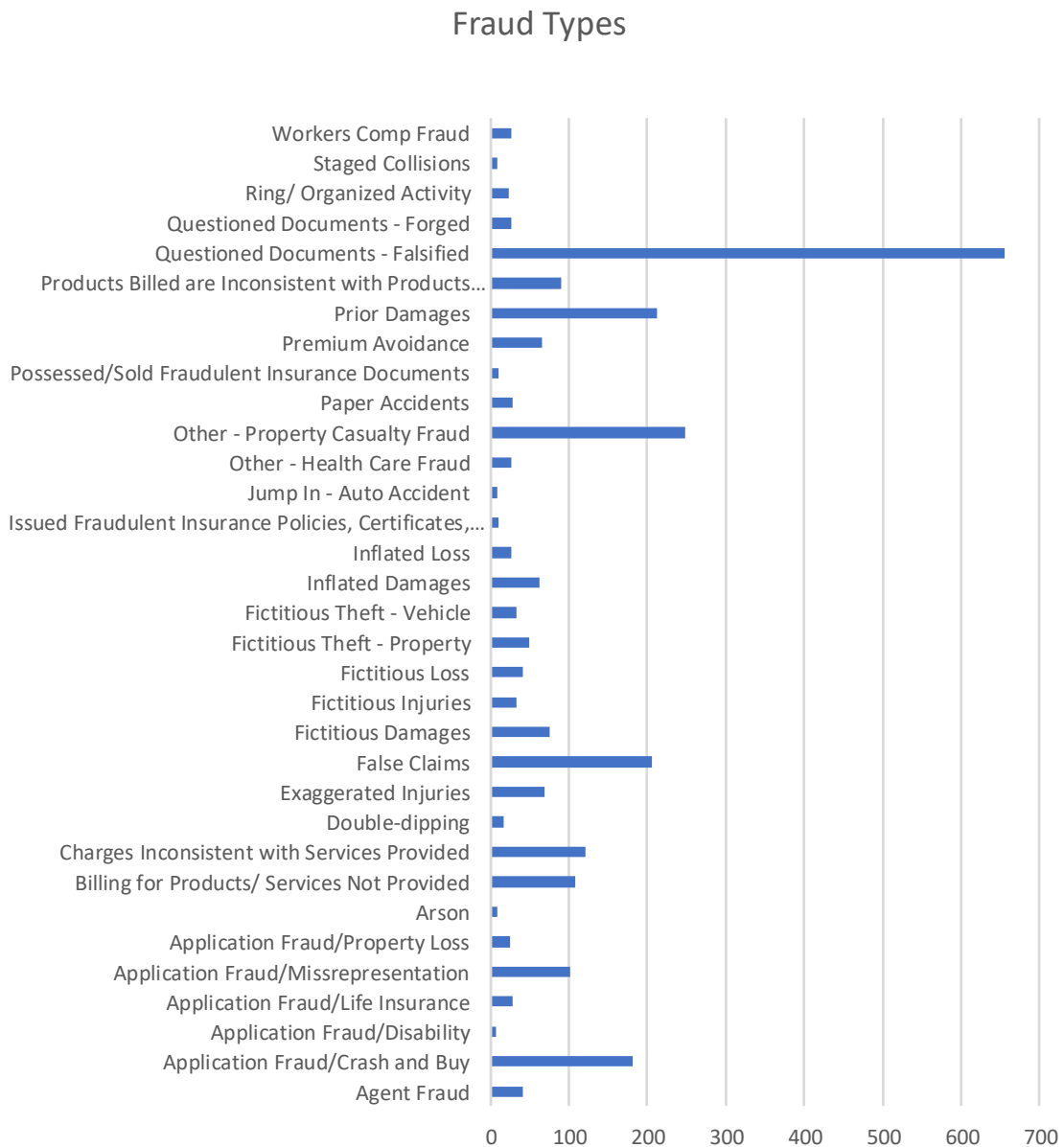
Referrals By Insurance Policy Type

In FY2023, the IFD received 1,187 referrals. This was a increase of nearly 200 referrals from FY2022. As shown in the pie chart below, the vast majority of referrals come from auto, homeowners, health, and workers compensation insurance companies.



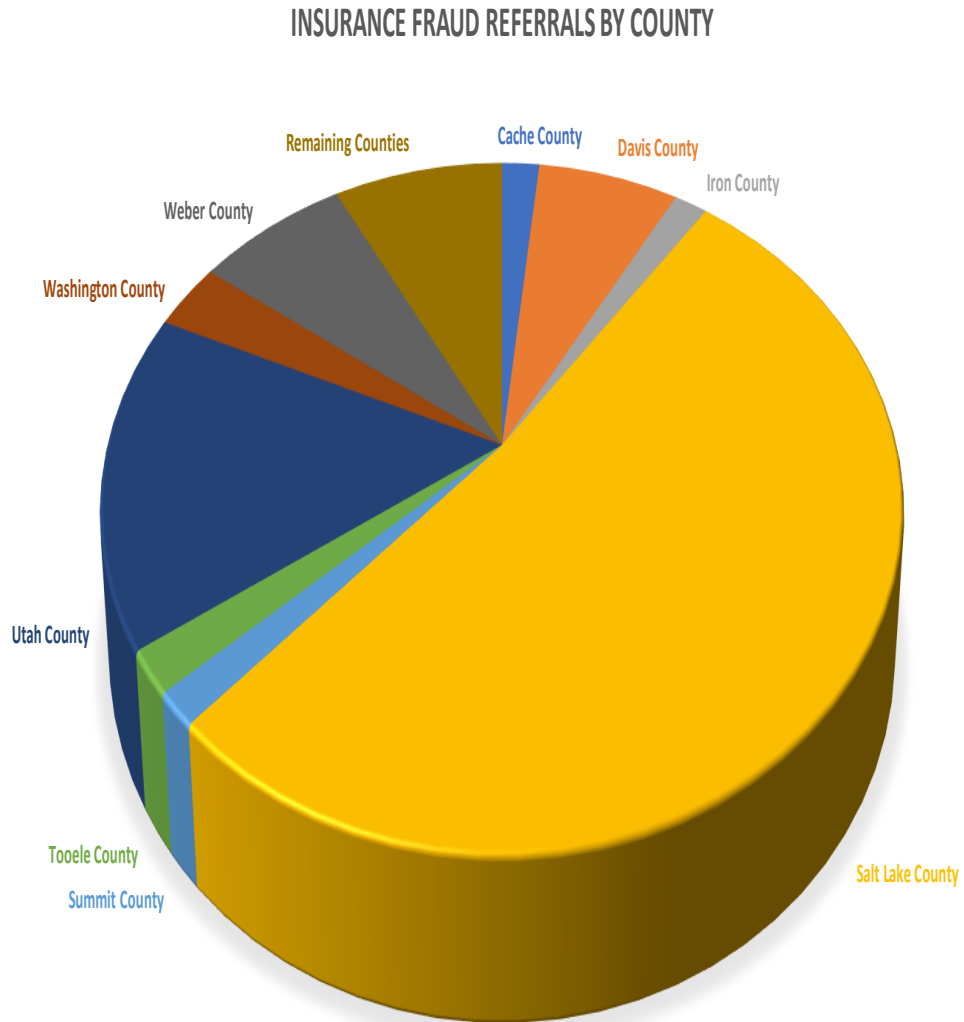
Referrals By Fraud Type

The following chart shows the types of insurance fraud cases reported to the IFD. The majority of complaints represent general property and casualty type claims followed by application fraud and false or inflated damages. Application fraud primarily involves a person who is driving without insurance who is involved in an auto accident. They quickly obtain insurance and then claim the accident happened after they were insured.



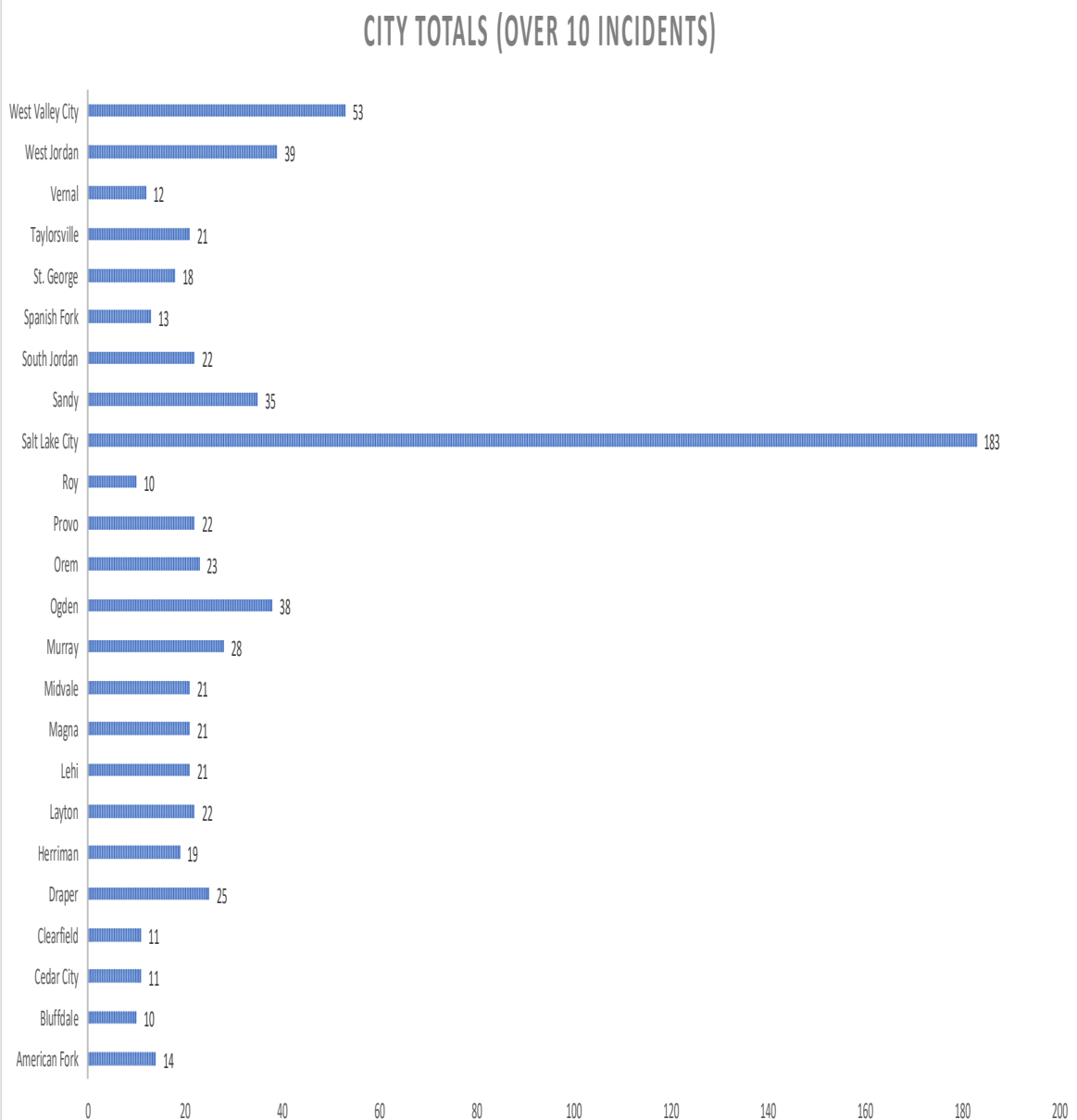
Fraud Referrals by County

The following pie chart represents the occurrence rates of suspected insurance fraud by county. Only those counties with at least 15 reports are shown.



Fraud Referrals by City

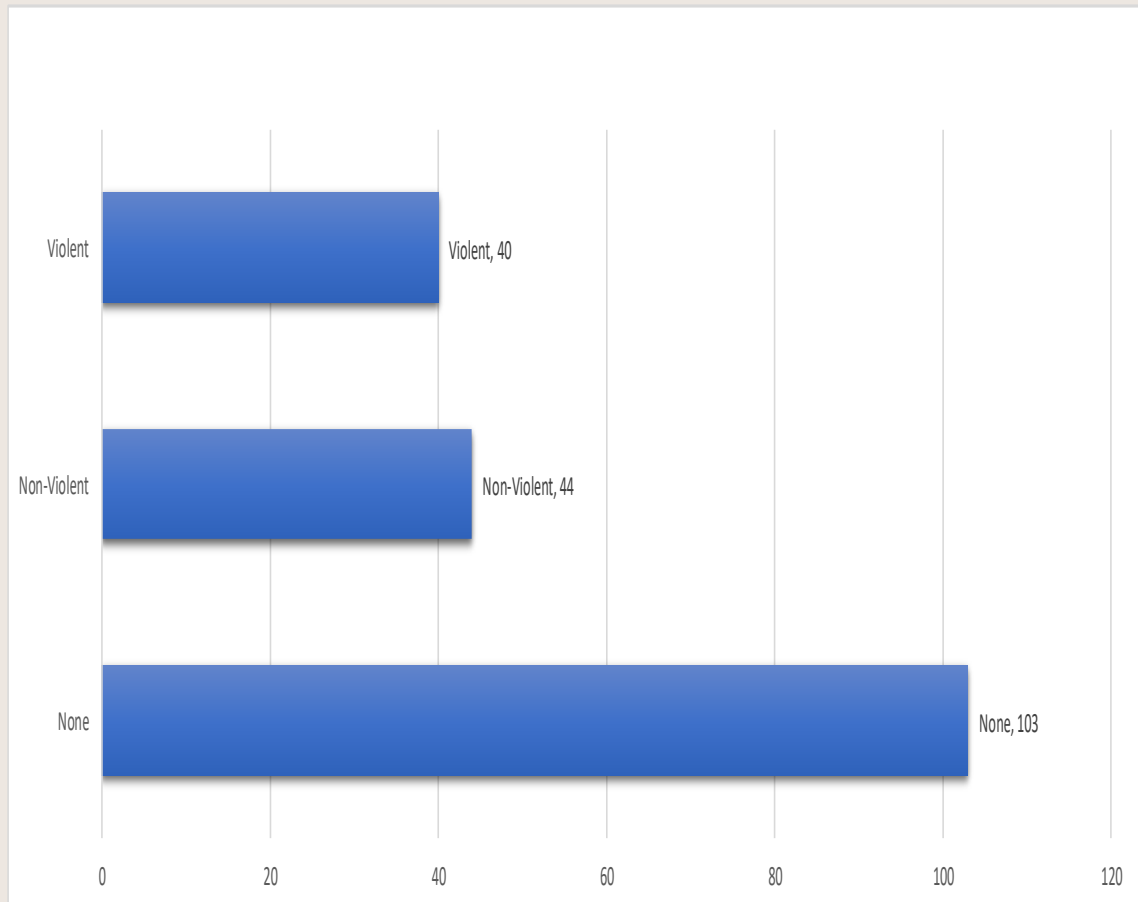
The following chart represents the occurrence of referrals for suspected insurance fraud by city. Note that Salt Lake City is represented significantly higher. Although this is true to a great extent, it should also be recognized that many reports by default list SLC as the occurrence location when in actuality, the fraud occurred in the Salt Lake County metropolitan area.



Suspects with Prior Criminal History

In the past, those who committed insurance fraud in Utah were less likely to have a criminal history. While there were many who would never think of committing a crime, they may have felt insurance fraud was not a crime and rationalized their actions because they have paid premiums for many years, they felt they were owed more for their claim, and because they believed insurance fraud did not hurt anyone, these are just some of the many ways people rationalize insurance fraud.

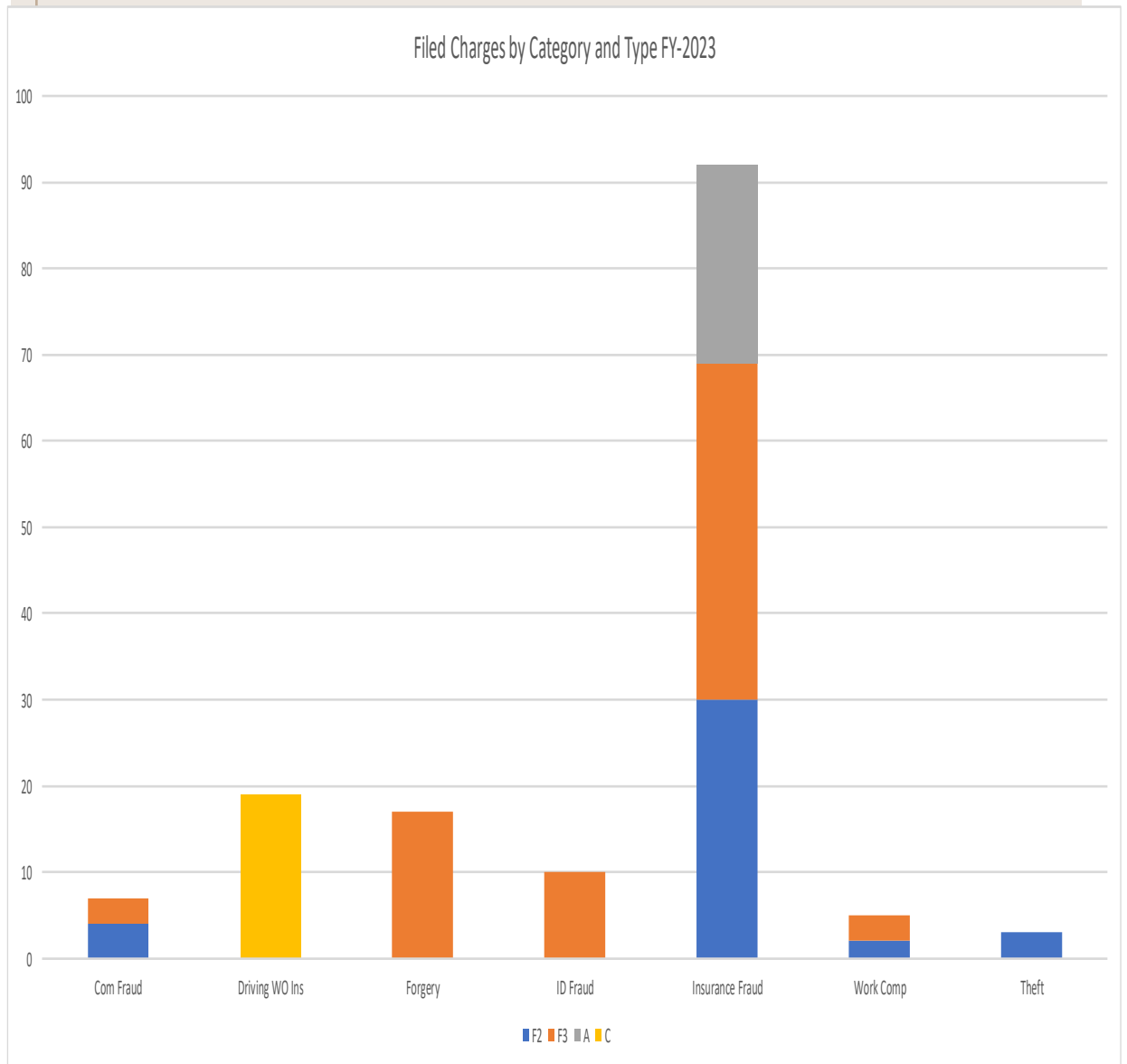
The chart below represents the number of subjects charged with insurance fraud who had prior criminal history. In FY2023: 55% had no criminal history, 24% had non-violent criminal history, while 21% had violent criminal history, meaning they have committed a violent crime against a person.



Charges Filed Overview

In FY2023, the IFD filed criminal charges against 112 defendants who were involved in 88 fraudulent insurance claims. A total of 155 charges were filed. In most instances defendants were charged with multiple crimes based on the criminal actions they committed.

The most common charges filed in FY2023 are shown in the chart below along with the severity of these charges.



Restitution Collected

The IFD collects and tracks restitution paid in the cases prosecuted by the division. In 2021 the legislature passed a new law that gave this responsibility to the courts and the office of state debt collection.

With the above information in mind, the IFD continues to collect restitution for past cases where defendants are actively paying their ordered amounts. All new cases are being collected by the courts.

In FY2023 the portion of restitution collected directly by the IFD and distributed to victims of insurance fraud was \$34,432.

Many cases investigated by the IFD do not involve an actual loss to the insurance company. These fraudulent claims are discovered prior to insurance paying the claim. As of the date of this report, cases sentenced in FY2023 resulted in defendants being ordered to pay back \$118,090 in restitution, \$47,961 in fines, and \$41,882 in investigation expenses.

The potential loss value of the cases where criminal charges were filed was more than \$1,330,641.

New Insurance Fraud Laws - Prohibition on Kickbacks

The past few years, we have seen a significant increase in medical providers and contractors paying people to find and refer potential patients or customers to them for treatment and or repairs.

On its own, this is not illegal, but it can be a scheme for profit that does not have the patient's/customer's best interest in mind.

The Scheme—Medical Providers

- A medical provider pays a runner (a person who recruits patients) a large sum of money for each patient the runner gets to come in for treatments.
- Typically the patient is an auto accident victim and the medical provider will seek to treat the patient to the fullest extent that the auto insurance will cover, regardless of the medical needs of the patient.
- Runners use business cards left in markets, store, or businesses, and may even obtain referrals from unscrupulous insurance agents who also receive a benefit or kickback for providing the information.

The Scheme—Contractors

- A disaster repair contractor enlists individual plumbers to refer potential clients to them for services.
- When a consumer has a water leak, they contact a plumbing company who sends out a plumber to make the repair.
- While the plumber is paid to make the repair by the plumbing company he works for, he has a deal in place that he will be paid more to not make the repair and instead refer the client to the disaster repair contractor who pays the plumber a kickback and enables the disaster repair contractor to inflate the damages and bill insurance much more than the repair should have been.

The Law

UCA 76-10-3201 prohibits kickbacks (violation is a 3rd degree felony).

- A kickback or bribe means a rebate, compensation, or any other form of remuneration that is direct or indirect, overt or covert, in cash or in kind.
- An actor may not solicit or receive a kickback or bribe in return for the referral of a person for the furnishing of any good or service that relates to any insurance claim for damages.
- An actor may not offer or pay a kickback or bribe to induce the referral of a person for the furnishing of any good or service that relates to any insurance claim.

How to protect yourself

- Be suspicious of anyone who, unsolicited, contacts you wanting to refer you to a particular medical provider, lawyer, or contractor.
- When seeking services, use traditional means to research and determine which service provider is best for you.
- Utah is a buyer beware state:
It is up to you to make sure the person you select to provide a service is licensed, insured, and that any contract you sign protects you and does not require you to pass on your claim rights to someone else.

Roofing Scams? "Hail" yes!

Don't get blown away by fraud.

Check references, licensing and get competitive estimates

Always make sure you know who you are dealing with and charges are fair.



Be cautious about promises of quick service and stocked materials for savings, especially after major storms

Scammers know what to say in desperate times, avoid promises sounding too good to be true.

Offering to waive deductibles may be illegal

Know your state laws, don't let a desperate situation turn into a permanent nightmare for you or your family.



Avoid demands for high advance payments for work

Reasonable advance payments are normal, demands for high up-front deposits warn of fraud.

Some contractors will actually cause or try to increase damage

Most are honest, but shady contractors may try to take advantage of the situation.



Read contracts carefully and avoid signing away your rights to your insurance coverage to third parties. You may find yourself in a lawsuit you never authorized.

Take the time to look over and understand the contract before signing it, It will be to your advantage to do so.



Coalition Against
Insurance Fraud

<http://www.insurancefraud.org/>

DEFEND AGAINST COVID-19 MEDICAL ID CYBER FRAUD



Wash away germs... Not your Medical ID

[HTTP://WWW.INSURANCEFRAUD.ORG/COVID-19.HTM](http://www.insurancefraud.org/covid-19.htm)

THE SCAMS

Hackers "phish" and spoof you with alluring emails and links. Their digital scams want to trick you into revealing sensitive data.



WHAT FRAUDSTERS WANT?

Your Medical ID, Social Security number and more. Why? To fraudulently bill for medical treatments, drugs and benefits.

WHAT TO DO

Don't open unknown email links or attachments.

Don't give information to unknown callers, especially robocalls.

Verify requests before releasing personal information.

If you suspect fraud report it! Notify your state department of insurance and your insurer.



**Coalition Against
Insurance Fraud**



**Utah Insurance Department
Fraud Division**
1385 S. State #110, SLC UT 84115
801-468-0233

PUBLIC ADJUSTERS AND YOUR CLAIM

Know & Check Before You Sign!

WHAT IS A PUBLIC ADJUSTER?

PA's are professional claims adjusters who represent the policyholder in their insurance claim. PA's are paid a percentage of your claim recovery or an hourly rate.



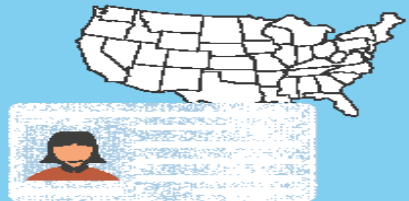
HOW TO FIND A REPUTABLE PUBLIC ADJUSTER



Each state has a directory. You can also check the website of the National Association of Public Insurance Adjusters... (www.napia.com)

HOW DO I PROTECT MYSELF?

PA's help adjust your claim only. They should not also do the repairs or be your contractor. In some states doing so is illegal.



CHECK AND VERIFY

First, decide if you need a PA to assist or if you want to work directly with your insurer. If you do hire a PA, ask for references. Also check your State Department of Insurance and Better Business Bureau.

**We all pay for insurance fraud.
Check and verify before you sign any contract.**



**Coalition Against
Insurance Fraud**



Utah Insurance
Department
Fraud Division

[HTTPS://INSURANCEFRAUD.ORG/](https://insurancefraud.org/)

WORKERS COMP FRAUD COSTS MORE THAN \$32 BILLION EVERY YEAR

DON'T GET STUCK LOOKING FOR A QUICK BUCK

An estimated \$9 Billion of fraud every year stems from claims filed by workers misrepresenting injuries or receiving benefits from the wrong employer.

Scammers get caught through surveillance, social media monitoring, or medical provider records. Don't try it.



PENNY-PENCHING PAYROLL

Employers are the worst fraudsters. An estimated \$23 Billion in premium fraud is caused by employers underhanded tactics, including: misclassifying workers and underreporting payroll.

Most states require workers comp insurance for employees. When cheaters duck these responsibilities honest employers pay higher premiums and employees are denied the treatment and help they deserve.

Fraud investigators and state auditors are watching. Injured employees left without coverage often come forward. If you're an employer, pay what you owe -- it isn't worth the risk.

BE THE SOLUTION, NOT THE PROBLEM

EMPLOYEES:

Report suspected fraud to your state department of insurance.

- Payments offered in cash "under the table" are fraud.
- If you're injured and your company doesn't want you to file a claim, be suspicious.
- Be honest about your injuries. Fraud is not worth jail and fines. If others are committing fraud, report them.

EMPLOYERS:

If you suspect a bogus claim, notify your insurance carrier.

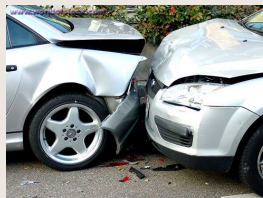
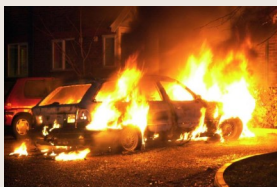
- Look for delays between the alleged injury and the claim filing.
- Verify medical treatment is actually related to the claimed injury.
- Be suspicious of statements that conflict with the findings of the findings of medical providers and witnesses.

Prosecution Summaries

The following pages provide a summary of the cases in which criminal charges were filed in FY2023. The intent of these summaries is to provide an overview of types of crimes prosecuted and insurance companies who are active in identifying fraudulent claims.

The following case overviews include cases that have not been resolved in the criminal justice system. The facts reported about those cases are allegations and have not yet been proven in court.

The monetary values listed for these cases represent the attempted and/or actual loss claim amounts in the case. Because not all cases resulted in loss, many do not have restitution ordered upon conviction.

An invoice from J&K Customs Performance Ltd. for JTA & Logistics Inc. dated 03/10/2023. It includes a table with columns for Item Number, Name, Qty, Unit, Price, and Amount. The table lists various items with their respective quantities and prices, totaling \$1,000.00. There is also a section for 'Total' and a footer with contact information.

Summary of Criminal Cases Filed

IFD-2022-00077-C

Filing Date: 07/07/2022

Charges Filed:

WCF: \$21,192.06

Workers Compensation Insurance Fraud, Felony 2

Collecting TTD Benefits While Working:

In September of 2021 the defendant was injured in a workplace accident. The defendant began collecting total temporary disability payments as he reported being unable to work. The investigation uncovered that the defendant was working during the timeframe he collected disability payments he was not entitled to.

Case Status:

The defendant pled guilty to 3rd degree felony Wrongful Appropriation and was sentenced to pay \$19,352 in restitution, a court fine of \$53, investigative costs of \$363, 25 hours community service, and 36 months probation.

IFD-2022-00067-C

Filing Date: 07/08/2022

Charges Filed:

Progressive: \$10,000

Insurance Fraud, Misdemeanor A

Auto Accident Jump In/False Injury Claim:

In December of 2021 the driver of a 2017 Dodge Durango ran into the back of a parked and unoccupied Jeep Grand Cherokee that had been abandoned in the travel lane. At a later date the owner of the Jeep Cherokee filed a claim that he had been in the vehicle when it was hit and hired an injury law firm to represent him and claim he had been injured.

Case Status:

An arrest warrant is currently out for the defendant.

Summary of Criminal Cases Filed

IFD-2022-00099-C

Filing Date: 07/14/2022

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$2,596

Application Fraud/Auto Accident Past Posting:

In April of 2022 the defendant was involved in an auto accident when she backed into another car in a parking lot. The defendant purchased insurance and then claimed the accident happened after she obtained insurance. Photos from the other vehicle owner provided evidence the accident occurred prior to the insurance being purchased.

Case Status:

The defendant pled guilty in abeyance to 3rd degree felony insurance fraud. She was ordered to pay \$2,096 in restitution, a \$500 fine, \$189 in investigation costs, and 24 months probation.

IFD-2022-00057-C

Filing Date: 07/20/2022

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

Progressive: \$2,214

Staged Accident:

In November of 2021 the defendant purchased a 2008 Toyota which had severe damages to the rear bumper and tailgate. A few weeks later the defendant filed an insurance claim alleging his vehicle had been hit while parked at his residence. The defendant submitted photos and insurance information from another vehicle alleging it had hit his vehicle.

Case Status:

The defendant pled guilty to 3rd degree felony forgery and is awaiting sentencing.

Summary of Criminal Cases Filed

IFD-2022-00122-C

Filing Date: 07/20/2022

Charges Filed:

Insurance Fraud, Felony 3

USAA: \$4,233

Application Fraud/Auto Accident Past Posting:

In May of 2022 the defendant removed his 2001 Dodge Ram from his insurance policy. A few weeks later his Dodge Ram truck was stolen. The defendant added the truck back onto his policy and then filed a claim it had been stolen after it had been added back onto the policy.

Case Status:

The defendant pled guilty to 3rd degree felony insurance fraud and was ordered to pay a \$1,500 fine, \$246 in investigation costs, and 36 months probation.

IFD-2022-00087-C

Filing Date: 07/26/2022

Charges Filed:

Insurance Fraud, Felony 2

Progressive: \$8,200

Application Fraud/Auto Accident Past Posting:

In December of 2021 the defendant purchased a 2022 Ski Doo Snowmobile. The defendant later obtained insurance and then filed a claim that his snowmobile had been damaged while on a trip. It was discovered that the snowmobile was actually in the shop for repairs of the damages he claimed and that it had been dropped off on the same date the defendant obtained his insurance policy.

Case Status:

The defendant pled guilty to 3rd degree felony insurance fraud and was sentenced to pay \$505 in investigation costs and to serve 36 months on probation.

Summary of Criminal Cases Filed

IFD-2022-00104-C

Filing Date: 08/01/2022

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

Root Insurance: \$1,676

Application Fraud/Auto Accident Past Posting:

In May of 2022 the defendant was involved in a single vehicle auto accident while driving without insurance. The defendant purchased insurance and later filed a claim the accident happened after he was insured.

Case Status:

The defendant pled guilty to misdemeanor A insurance fraud and Misdemeanor C driving without insurance and was sentenced to pay a \$580 fine, \$347 in investigation costs, and serve 24 months probation.

IFD-2022-00111-C

Filing Date: 08/04/2022

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3
Driving Without Insurance

Root Insurance: \$12,602

Application Fraud/Auto Accident Past Posting/Forgery/Paper Accident

In February of 2022 the defendant was involved in an auto accident while driving without insurance. As a result the other person's insurance had to pay for their driver's totaled 2013 Subaru. The defendant later purchased insurance and filed a new claim with Root that he had been involved in a second accident after the insurance was purchased. The defendant claimed he had repaired the damages to his car from the first accident and presented forged documents indicating his vehicle had been repaired.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00143-C

Filing Date: 08/09/2022

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

United Financial: \$1,611

Application Fraud/Auto Accident Past Posting

In April of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant reinstated the insurance on his vehicle and then filed a claim the accident happened after he had obtained insurance.

Case Status:

An arrest warrant has been issued for the defendant who failed to appear in this case.

IFD-2021-00313C

Filing Date: 08/24/2022

Charges Filed:

Unlawful Dealing of Property by Fiduciary, 2 counts, Felony 2
Theft by Deception, Felony 2
Forgery, 5 counts, Felony 3

American National: \$24,310

Insurance Agent Fraud

The investigation determined that the defendant, who was acting as an insurance agent, failed to forward premiums paid to him for universal life policies and kept a portion of what was owed causing the policies to cancel. The defendant forged the policy holder signatures and also pocketed premiums for a cattle policy that was never obtained.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00133-C

Filing Date: 08/25/2022

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$991

Prior Damages:

In June of 2022 the defendant was involved in an auto accident. The other driver accepted responsibility and the defendant filed a claim with the at fault driver's insurance company. The defendant claimed all damages to his vehicle came as a result of this accident. But photos were discovered that show all the damages were present prior to the accident.

Case Status:

Arrest warrant issued for defendant for failing to appear

IFD-2022-00097-C

Filing Date: 08/31/2022

Charges Filed:

Insurance Fraud, Felony 3

Liberty Mutual: \$4,808

Application Fraud/Auto Accident Past Posting/ Misrepresentation:

In May of 2022 the defendant was involved in an auto accident while driving for Uber Eats. The defendant initiated a claim through her Uber insurer Allstate Insurance which had a \$2,500 deductible. The next day the defendant lowered the deductible on her personal auto insurance from \$2,000 to \$500 and added rental coverage. She then filed a new claim with her personal insurance company, Liberty Mutual, for a different date of occurrence. The defendant called Allstate and requested they cancel her claim because her personal insurance would cover the accident.

Case Status:

The defendant pled guilty to felony 3 Insurance Fraud and was ordered to pay a \$1,000 fine, \$382 in investigative costs, and 36 months probation.

Summary of Criminal Cases Filed

IFD-2022-00150-C

Filing Date: 09/30/2022

Charges Filed:

Insurance Fraud, Felony 2

Root: \$12,530

Application Fraud/Auto Accident Past Posting/Paper Accident:

In February of 2022 the defendant was involved in an auto accident where he collided with another vehicle. The defendant had liability only coverage at the time of the accident and damages to his vehicle were not covered. The defendant called his insurance and added full coverage. His vehicle was towed to a tow yard where it remained until the defendant filed a second claim that he was involved in an accident in June where he alleged was run off the road and into a barrier by an unknown vehicle.

Case Status:

Pending Court Resolution

IFD-2022-00125-C

Filing Date: 10/05/2022

Charges Filed:

Insurance Fraud, Felony 2
Communications Fraud, Felony 2
Forgery, Felony 3

Progressive: \$220,257

Insurance Agent Fiduciary Fraud/Theft of Clients Funds

On or about August of 2021 the defendant, an out of state but Utah licensed insurance agent, enlisted a victim to transfer funds from her retirement account into an annuity for investment purposes. The defendant then forged the victim's signature and routed these funds to his personal bank account instead. This transaction also subjected the victim to a 20% tax for early withdrawal of these funds.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00149-C

Filing Date: 12/10/2022

Charges Filed:

WCF: \$7,596

Workers Compensation Insurance Fraud, Felony 2

Working While Collecting Total Temporary Disability Payments:

In October of 2021 the defendant reported being injured while performing as a dancer for his employer. The defendant claimed to be unable to return to work until late January of 2022 and collected disability payments during this time period. It was discovered the defendant had actually returned to work in early November and had been collecting payment while working.

Case Status:

The defendant pled guilty to 3rd degree felony workers compensation insurance fraud and was ordered to pay \$7,596 in restitution, a fine of \$1,500, \$347 in investigation costs, and 24 months probation.

IFD-2022-00220-C

Filing Date: 12/10/2022

Charges Filed:

Permanent General: \$3,279

Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:

In September of 2022 the defendant obtained an estimate to repair his 2017 Dodge charger. After obtaining the estimate, the defendant purchased insurance and then filed a claim a few weeks later stating that he had been in an auto accident after he had obtained insurance.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00202-C

Filing Date: 12/13/2022

Charges Filed:

Insurance Fraud, Felony 2
Forgery, 2 counts, Felony 3

Allstate: \$13,625

False or Inflated Claim/Forged Documents:

In January of 2022 the defendant filed an insurance claim that her vehicle had been broken into and property was stolen from inside the car. As part of the claim the defendant provided Allstate with purchase receipts for large dollar items. These receipts were later determined to be forgeries.

Case Status:

Pending Court Resolution

IFD-2022-00085-C

filing Date: 12/16/2022

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$2,485

Application Fraud/Auto Accident Past Posting:

In April of 2022 the defendant rented a car which was driven by his wife who was later involved in an auto accident. After the accident the defendant reinstated his auto insurance and filed the claim for the rental car accident, alleging it took place after he had reinstated the insurance.

Case Status:

The defendant pled guilty to 3rd degree felony insurance fraud and was ordered to pay \$2,485 in restitution, a \$750 fine, \$545 in investigative costs and 24 months probation.

Summary of Criminal Cases Filed

IFD-2022-00166-C

Filing Date: 12/16/2022

Charges Filed:

Insurance Fraud, Misdemeanor A

Permanent General: \$15,000

Application Fraud/Auto Accident Past Posting:

In July of 2022 the defendant obtained an auto policy for his 2013 BMW. A few days later he filed a loss claim that his BMW had been stolen. The investigation discovered that the defendant's vehicle had been involved in an accident where the driver had left the scene of the accident. The defendant obtained insurance shortly after the police arrived on the accident.

Case Status:

An arrest warrant had been issued for the defendant who was unable to be located.

IFD-2022-00182-C

Filing Date: 12/16/2022

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

Root: \$4,855

Application Fraud/Auto Accident Past Posting:

In June of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance after the accident and filed a claim that the accident occurred after she was insured.

Case Status:

An arrest warrant was issued because the defendant failed to appear

Summary of Criminal Cases Filed

IFD-2022-00183-C

Filing Date: 12/16/2022

Charges Filed:

Insurance Fraud, Felony 2

USAA: \$8,278

Application Fraud/Lost Ring:

In June of 2022 the defendants increased the coverage limits of their home owners policy and added two scheduled rings to the policy. In July the defendants filed a claim that the wife lost her wedding ring while boating. The investigation discovered the defendant's wife lost the ring while running a race prior to increasing their policy limits and adding the rings to the policy. Both defendants were charged in this case.

Case Status:

Both defendants pled guilty to felony 2 and 3 insurance fraud and were sentenced to pay a fine of \$1,000 each, \$340 in investigation costs, and 36 months probation.

IFD-2022-00191-C

Filing Date: 12/16/2022

Charges Filed:

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

GEICO: \$1,466

Auto Accident Past Posting/Application Fraud:

In April of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident happened after she had obtained the insurance policy. The defendant tried to get the other driver to wait on filing the claim and to alter the date of the accident in order for her to have coverage.

Case Status:

An arrest warrant was issued for the defendant in this case

Summary of Criminal Cases Filed

IFD-2022-00162-C

Filing Date: 12/19/2022

Charges Filed:

Insurance Fraud, Felony 3

Allstate: \$1,418

Duplicate Claims/Paper Accident:

In November of 2021 the defendant made a claim to Allstate for damages to a 2020 Hyundai. This claim was paid. In July of 2022, the defendant made a new claim to Allstate for damages to the same vehicle. The investigation discovered that the old damages had never been repaired and that the second accident never occurred.

Case Status:

Defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay a \$500 fine, \$306 in investigative costs, and 36 months probation.

IFD-2022-00180-C

Filing Date: 12/19/2022

Charges Filed:

Insurance Fraud, Felony 2

Allstate: \$7,000

False Burglary/Inflated Claim:

In June of 2022 the defendant filed a claim that his apartment was broken into and items stolen. In support of the claim the defendant presented documents that were found to be fake receipts. The store the defendant alleged he had purchased the items from also found no record of purchases by the defendant.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00196-C

Filing Date: 12/19/2022

Charges Filed:

Insurance Fraud, Felony 3

Forgery, Felony 3

Identity Fraud, Felony 3

Catlin Indemnity: \$1,731

Application Fraud/Misrepresentation:

In June of 2022 the defendant purchased a 2018 Mercedes and added it to an auto policy he had obtained by using the name of his mother without her knowledge. The defendant was then involved in an accident causing damage to his vehicle. While filing the claim the defendant forged a bill of sale to try to show the vehicle was also purchased by his mother.

Case Status:

Pending Court Resolution

IFD-2022-00197-C

Filing Date: 12/19/2022

Charges Filed:

Insurance Fraud, Felony 3

Driving Without Insurance, Misdemeanor C

CSAA: \$9,287

Application Fraud/Auto Fire Past Posting:

In August of 2022 the defendant son's vehicle caught fire while parked. The fire spread to several more adjacent vehicles, destroying all of them. At the time of the fire the defendant did not have insurance on the vehicle. The defendant purchased insurance after learning of the fire and tried to claim the fire happened after she had obtained insurance.

Case Status:

Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2022-00221-C

Filing Date: 12/22/2022

Charges Filed:

Insurance Fraud, Felony 2

GEICO: \$41,856

Application Fraud/UTV Accident Past Posting:

In July of 2022 the defendant was driving his new Polaris RXR without insurance when he lost control and rolled the vehicle. The defendant purchased an insurance policy a week later and waited until September to report that he had rolled his vehicle in August of 2022. The Razer had been in storage at the dealership for repairs since the accident in July.

Case Status:

The defendant pled guilty to felony 3 insurance fraud and was sentenced to pay a \$1,500 fine, \$457 in investigation costs, and 36 months probation.

IFD-2022-00032-C

Filing Date: 01/18/2023

Charges Filed:

Insurance Fraud, Felony 2

Liberty Mutual: \$3,080

Application Fraud/Paper Accident:

In December of 2021 the defendant's vehicle was found abandoned after being involved in a single vehicle accident which was not covered because there was not insurance on the vehicle. Police discovered that the defendant's son had been driving the vehicle when it was crashed. The defendant purchased insurance a few days later. The defendant waited until January 2022 to file an insurance claim that she had hit a cement pole when trying to avoid hitting a person. The damages to the vehicle were the same as those caused in her son's accident

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2022-00053-C

Filing Date: 01/18/2023

Charges Filed:

Insurance Fraud, Misdemeanor A

USAA: \$1,400

Application Fraud/Auto Accident Past Posting Claim:

In January of 2022 the defendant's vehicle was damaged in an accident while not insured. The defendant purchased insurance and then filed a damage claim that the accident occurred after the insurance was in place.

Case Status:

Court Action Pending

IFD-2022-00236-C

Filing Date: 1/18/2023

Charges Filed:

Insurance Fraud, Felony 2

Progressive: \$17,440

Application Fraud/Auto Accident Past Posting:

In April of 2022 the defendant's wife was involved in a hit and run auto accident while driving without insurance. The defendant met his wife to assist with changing a flat tire as a result of the accident. The defendant then purchased insurance and provided the insurance information to the police when they arrived and cited his wife for leaving the scene of an accident and driving without insurance. The defendant claimed he did not know the accident occurred before he purchased the insurance. Photos at the scene prove differently.

Case Status:

An arrest warrant was issued for the defendant after he failed to appear in court.

Summary of Criminal Cases Filed

IFD-2022-00248-C

Filing Date: 01/18/2023

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$6,906

Application Fraud/Auto Accident Past Posting:

In November of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident happened after she had obtained insurance.

Case Status:

The defendant pled guilty to 3rd degree felony insurance fraud and was ordered to pay a \$1,000 fine, \$221 in investigative cost and 18 months probation.

IFD-2022-00026-C

Filing Date: 1/19/2023

Charges Filed:

Insurance Fraud, Felony 2

GEICO:

\$Undetermined

Application Fraud/Auto Accident Past Posting:

In December of 2021 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance after the accident and then filed a claim that the accident occurred after the insurance had been purchased.

Case Status:

The defendant pled guilty to misdemeanor A insurance fraud and was ordered to pay a \$500 fine, \$1,421 in investigative costs and serve 18 months probation.

Summary of Criminal Cases Filed

IFD-2022-00050-C

Filing Date: 1/20/2023

Charges Filed:

USAA: \$Undetermined

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In February of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant added his vehicle to his insurance and then claimed the accident happened after he had added the vehicle to his policy.

Case Status:

The defendant pled guilty to misdemeanor A insurance fraud and was ordered to pay a \$400 fine, \$315 in investigative costs, and 18 months probation.

IFD-2022-00139-C

Filing Date: 1/20/2023

Charges Filed:

Progressive: \$5,423

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

Application Fraud/RV Damage Past Posting:

In May of 2022 the defendant filed a claim for damages to his RV awning. The defendant purchased his insurance the same day the windstorm happened when the awning was damaged. He then filed a claim that the damages occurred several days later after he had obtained the policy.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2022-00155-C

Filing Date: 1/20/2023

Charges Filed:

State Farm: \$2,258

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In April of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant obtained insurance and then claimed the accident happened after she was insured.

Case Status:

The defendant pled guilty to misdemeanor A insurance fraud and was ordered to pay \$221 in investigation costs and 12 months probation.

IFD-2022-00158-C

Filing Date: 1/20/2023

Charges Filed:

Progressive: \$4,554

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In April of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant obtained insurance and then claimed the accident happened after she was insured.

Case Status:

The defendant pled guilty to 3rd degree felony insurance fraud and was ordered to pay a \$1,000 fine, \$218 in investigation costs, serve 36 months probation.

Summary of Criminal Cases Filed

IFD-2022-00247-C

Filing Date: 1/23/2023

Charges Filed:

Insurance Fraud, Felony 2

GEICO: \$12,554

Misrepresentation Regarding Use of Personal Vehicle for Rideshare:

In August of 2022 the defendant was involved in an auto accident while driving for UBER with a passenger in the vehicle. The defendant denied using her car for UBER and tried to file an accident claim under her GEICO policy. GEICO does not provide coverage when using a personal policy for commercial use.

Case Status:

Court Action Pending

IFD-2022-00049-C

Filing Date: 1/24/2023

Charges Filed:

Insurance Fraud, Felony 3

Allstate: \$3,888

False Damages/False Vehicle Burglary Claims:

In July of 2021 the defendant filed a vandalism and vehicle burglary claim and was paid by Progressive Insurance. A few weeks later the defendant filed a second claim with similar facts of loss. The defendant then purchased insurance through Allstate and filed a third loss claim with the same facts of loss and for the same damages which he had been paid for by Progressive.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2022-00071-C

Filing Date: 1/24/2023

Charges Filed:

Forgery, Felony 3

Insurance Agent Fraud/Forgery:

The defendant, who is a licensed insurance agent, was requested to submit proof of his errors and omissions insurance policy in order to be allowed to work under a parent insurance company. The defendant submitted a forged certificate of insurance to the agency.

Case Status:

Court Action Pending

IFD-2022-00160-C

Filing Date: 1/24/2023

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$15,000

Application Fraud/ Auto Damage Past Posting:

In July of 2022 the defendant obtained an insurance policy and later filed a claim for damages to his vehicle. The photos, the defendant submitted showing the damages, were taken prior to his obtaining the when he obtained the insurance policy.

Case Status:

An arrest warrant has been issued for the defendants arrest

Summary of Criminal Cases Filed

IFD-2022-00192-C

Filing Date: 1/24/2023

Charges Filed:
Insurance Fraud, Felony 3

Falcon Insurance: \$3,906

Application Fraud/Auto Accident Past Posting/Paper Accident

In June of 2022 the defendant's daughter was involved in a hit and run accident where she struck two cars and fled. The defendant purchased insurance after this accident and a month later filed a claim that his vehicle was hit by a hit and run driver. The damages from the second incident were the same as were caused in his daughter's accident.

Case Status:
Court Action Pending

IFD-2022-00254-C

Filing Date: 1/24/2023

Charges Filed:
Insurance Fraud, Misdemeanor A

Progressive: \$24,448

Application Fraud/Auto Accident Past Posting:

In September of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident occurred after he had obtained insurance.

Case Status:
The defendant pled guilty to misdemeanor A insurance fraud and was ordered to pay a \$500 fine, \$289 in investigation costs, and 18 months probation.

Summary of Criminal Cases Filed

IFD-2022-00124-C

Filing Date: 01/26/2023

Charges Filed:

Insurance Fraud, 3 counts, Felony 3
Insurance Fraud, Misdemeanor A

American Family: \$3,598
State Farm: \$4,167
Allstate: \$2,296

Duplicate Claims/False Claims:

The defendant in this case has filed 34 vehicle related claims in the past five years. In this case the investigation focused on six claims submitted in a six month period. All claims were for the same damages to the defendants Jeep and were filed with different insurance companies and different dates of loss.

Case Status:

Court Action Pending

IFD-2022-00251-C

Filing Date: 2/16/2023

Charges Filed:

Insurance Fraud, Felony 2
Communications Fraud, Felony 2

Progressive: \$16,084

Application Fraud/Auto Accident Past Posting/ Hit and Run:

In March of 2022 the defendant was involved in a hit and run auto accident while driving without insurance. The defendant had brake checked another vehicle which caused an accident and he then fled the scene. The defendant later purchased insurance and then filed a claim that his car had been parked on the side of the road and hit by an unknown vehicle.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2022-00187-C

Filing Date: 2/22/2023

Charges Filed:

Insurance Fraud, Felony 2

American National: \$5,803

Application Fraud/Boat Damage Past Posting:

In July of 2020 the defendant purchased an insurance policy for his 2018 Tige boat. The defendant later filed a claim in August that he had damaged the hull of the boat while boating. He later admitted that the boat had never been in the water and that the damages occurred prior to him purchasing insurance.

Case Status:

Pending Court Action

IFD-2023-00012-C

Filing Date: 2/27/2023

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

GEICO: \$2,114

Application Fraud/Auto Accident Past Posting:

In December of 2022 the defendants 2021 Hyundai was damaged. The defendant purchased insurance and then filed a claim that the damages occurred after he was insured.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00019-C

Filing Date: 03/07/2023

Charges Filed:

Insurance Fraud, Felony 2

Homesite: \$6,586

Application Fraud/Lowering Deductible Past Posting:

In November of 2022 the defendant reported his bicycle was stolen. When the defendant discovered he had a \$5,000 deductible he decided not to pursue his claim. The defendant later lowered his deductible to \$1,000 and then filed a duplicate loss claim for the bicycle in January of 2023 alleging it has been stolen.

Case Status:

Pending Court Action

IFD-2022-00258-C

Filing Date: 03/08/2023

Charges Filed:

Insurance Fraud, Felony 2

American Family: \$4,999

Paper Accident/Misrepresentation of Facts:

In October of 2022 the defendant filed an insurance claim that he was transporting an 83 inch TV he had purchased in the bed of his vehicle. He claimed a deer ran out in front of him and he hit the brakes so hard the back wheels of his car came off the ground and the jolt upon coming back in contact with the road damaged the TV. When insurance denied the claim based on it not being an accident, the defendant changed his story that he actually hit the deer in order for it to be considered an accident. The defendant later admitted that the TV became unsecured from the roof of his car and fell on the roadway breaking it. The defendant also admitted that he had inflated the value and had not purchased it new from a retailer but it was used and purchased from a private listing.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00005-C

Filing Date: 03/08/2023

Charges Filed:

Progressive: \$7,379

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In November of 2022 the defendant's insurance policy lapsed for non-payment and she was later involved in an auto accident. The defendant purchased insurance at the scene of the accident and then claimed the accident happened after she had reinstated her insurance.

Case Status:

The defendant pled guilty to misdemeanor B insurance fraud and was ordered to pay a \$700 fine, \$238 in investigation costs, and 12 months probation.

IFD-2023-00032-C

Filing Date: 3/16/2023

Charges Filed:

Progressive: \$10,173

Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:

In December of 2022 the defendant was involved in an auto accident after his insurance had lapsed. The defendant purchased insurance and then claimed the accident happened after he had reinstated his policy.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00061-C

Filing Date: 03/20/2023

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$4,873

Application Fraud/Auto Damage Past Posting:

In February of 2023 both defendants were involved in an auto accident while driving without insurance. The defendants obtained an insurance policy and then both defendants made materially false statements in filing a claim for an accident that happened before the insurance was purchased.

Case Status:

Both defendants pled guilty to misdemeanor A insurance fraud and were ordered to each pay restitution in the amount of \$4,050, a fine of \$500, \$276 in investigative costs, and 24 months probation.

IFD-2020-00422-C

Filing Date: 03/21/2023

Charges Filed:

Insurance Fraud, Felony 2
Theft by Deception, Felony 2

Allstate: \$70,099

Billing for services not rendered/Refusing to return insurance check:

In July of 2020 the defendant was contacted to provide flood mitigation and restoration of damages to a home. The defendant was sent a check from the insurance company for both mitigation and restoration services. The defendant only performed the mitigation services and the insured decided to use a different contractor for the restoration. The defendant deposited the insurance check pocketing the entire amount and has refused to return the proceeds for work not done.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2022-00201-C

Filing Date: 03/23/2023

Charges Filed:
Insurance Fraud, Felony 3

Viking Insurance: \$4,648

Application Fraud/Auto Accident Past Posting:

In July of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim a few weeks later alleging his car had been hit by a hit and run driver while parked on the street.

Case Status:
Pending Court Action

IFD-2022-00213-C

Filing Date: 03/23/2023

Charges Filed:
Insurance Fraud, Felony 2
Driving Without Insurance, Misdemeanor C

Progressive: \$25,000

Application Fraud/Auto Accident Past Posting:

In September of 2022 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then claimed the accident happened after she was insured.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00240-C

Filing Date: 3/23/2023

Charges Filed:

Insurance Fraud, Felony 2
Theft by Deception, Felony 2
Forgery, 3 counts, Felony 3

United Healthcare: \$8,791
Employer: \$6,250

Short Term Disability Fraud/False Medical Claims/Forgery:

In June of 2022 the defendant filed for short term disability payments alleging that she had been diagnosed with cervical cancer and had a radical hysterectomy. The defendant had actually already received a hysterectomy in 2019. The defendant provided forged medical documents to support her claim and received disability payments as she claimed to be unable to work from April 2022 through July 2022.

Case Status:

Court Action Pending

IFD-2023-00059-C

Filing Date: 4/4/2023

Charges Filed:

Insurance Fraud, Felony 2

Allstate: \$9,317

Application Fraud/Auto Damages Past Posting:

In February of 2023 the defendant obtained insurance on his vehicle and two days later filed a claim that he had run into a deer causing damages to his vehicle. It was discovered that the defendant had actually run into a deer while insured through a different insurance carrier with a higher deductible. That claim was withdrawn and he obtained a different insurance policy and filed this claim for the same damages after the policy was obtained.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

IFD-2023-00026-C

Filing Date: 4/5/2023

Charges Filed:

Workers Compensation Insurance Fraud, Felony 2

WCF: \$5,655

Working While Collecting Total Temporary Disability Payments:

In January of 2023 the defendant reported she was injured at work. The defendant began collecting total temporary disability payments while she claimed to be unable to work. It was discovered that the defendant returned to work at her second job while not disclosing this to WCF and was working while continuing to collect disability payments.

Case Status:

Pending Court Action

IFD-2023-00047-C

Filing Date: 4/14/2023

Charges Filed:

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Progressive: \$3,000

Application Fraud/Auto Accident and Injury Past Posting:

In January of 2023 the defendant was involved in an auto accident while driving without insurance. The accident was the fault of the other driver. But the defendant purchased insurance after the accident and then filed a claim the accident had occurred after she was insured and that she was injured and in need of medical treatment.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00056-C

Filing Date: 4/17/2023

Charges Filed:

Insurance Fraud, Misdemeanor A

Viking Insurance: \$5,000

Application Fraud/Auto Accident Past Posting:

In January of 2023 the defendant was involved in an auto accident where she was hit by a hit and run driver. The defendant's insurance had lapsed and she quickly reinstated her insurance and claimed the accident happened after she had been hit.

Case Status:

Court Action Pending

IFD-2023-00013-C

Filing Date: 4/19/2023

Charges Filed:

Insurance Fraud, Felony 2
Driving Without Insurance, Misdemeanor C

Progressive: \$8,749

Application Fraud/Auto Accident Past Posting:

In September of 2022 the defendant was parking and he failed to place his vehicle in park and it rolled down through a property and struck a garbage dumpster causing damage to his vehicle. The defendant purchased insurance and claimed the accident happened after he was insured. Video provided by the property owner showed the accident happened before insurance was purchased.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00053-C

Filing Date: 4/19/2023

Charges Filed:

Insurance Fraud, Felony 2

Liberty Mutual:

\$18,000

Application Fraud/Auto Theft Past Posting:

In December of 2022 the defendant's 2016 Toyota was stolen while she did not have insurance. After the theft the defendant purchased insurance and then filed a claim that the vehicle had been stolen after she had purchased the insurance.

Case Status:

Pending Court Action

IFD-2023-00064-C

Filing Date: 4/19/2023

Charges Filed:

Workers Compensation Insurance Fraud, Felony 2

Progressive:

\$14,586

Application Fraud/ Auto Accident Past Posting:

In February of 2023 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then she claimed the insurance was in force prior to the accident. The defendant also claimed to have been injured in the accident.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00077-C

Filing Date: 04/19/2023

Charges Filed:

Insurance Fraud, Misdemeanor A

Safeco: \$11,535

Application Fraud/Prior Damages/Paper Accident:

In February of 2023 the defendant purchased insurance and later filed a damage claim that while her car was parked at work someone slid into the car and damaged the side. The investigation discovered that the vehicle had the same damages on the side when she purchased the vehicle.

Case Status:

Pending Court Action

IFD-2023-00046-C

Filing Date: 5/3/2023

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

GEICO: \$5,888

Application Fraud/Auto Accident Past Posting

In February of 2023 the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then claimed the accident occurred after she had insurance.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00238-C

Filing Date: 5/9/2023

Charges Filed:

Insurance Fraud, 2 counts, Felony 2
Insurance Fraud, 2 counts, Felony 2

USAA: \$6,000
Allstate: \$5,400

False Loss/Duplicate Claims

In October of 2022 the defendants, husband and wife, filed a claim with USAA that she had lost her wedding ring down the kitchen sink. That same day they filed a similar claim with Allstate that the wedding ring had been lost down the bathroom sink. The investigation discovered the claimants had dropped off the ring for resizing at the jewelers and picked it up a few days after their reported loss.

Case Status:

Court Case Pending

IFD-2023-00055-C

Filing Date: 5/9/2023

Charges Filed:

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C
Insurance Fraud, Misdemeanor A

Progressive: \$17,746

Application Fraud/Auto Accident Past Posting:

In February of 2023 the defendant's wife was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident happened after the policy was purchased. Both defendants were charged in this case.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00326-C

Filing Date: 5/10/2023

Charges Filed:

22 Defendants to be charged with felonies

GEICO: \$42,342

State Auto: \$77,164

Gainsco: \$9,000

Utah P&C: \$3,000

Sentry: \$66,944

Staged Accident Ring/Chiropractic Fraud:

From September 2019 to June 2021, a recruiter/runner for a chiropractic clinic orchestrated at least five staged accidents where numerous individuals claimed injuries and sought bodily injury settlements from various auto insurers. It total, \$200,000 was paid by different insurers to settle claims or to pay for billed medical treatments in these five accidents which allegedly involved 22 different people. The total payment sought in this scheme is several hundred thousand dollars more. Many of the individuals were involved in more than one staged accident. The investigation continues and is widening to additional individuals.

Case Status:

Pending Court Action

IFD-2022-00244-C

Filing Date: 5/10/2023

Charges Filed:

Insurance Fraud, Felony 2

Insurance Fraud, Misdemeanor A

Progressive: \$15,000

Application Fraud/Premium Avoidance/Auto Accident Past Posting:

In September of 2022 the defendant incepted an insurance policy under his name while failing to list his girlfriend as a driver. The girlfriend was involved in two separate accidents on the same day while driving without insurance prior to the defendant purchasing the insurance policy.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00078-C

Filing Date: 5/15/2023

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$3,831

Application Fraud/ Auto Accident Past Posting:

In February of 2023 the defendant filed a claim that he had hit a deer. The defendant had recently purchased insurance for his vehicle. It was discovered that the defendant had actually been involved in an auto accident with the vehicle prior to his purchase of auto insurance back in January of 2023.

Case Status:

Pending Court Action

IFD-2023-00027-C

Filing Date: 5/17/2023

Charges Filed:

Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

GEICO: \$3,167

Application Fraud/Auto Accident Past Posting:

In January of 2023 the defendant reported hitting a deer with her vehicle. The defendant purchased insurance after the accident and then claimed the accident happened after she had obtained insurance.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00145-C

Filing Date: 05/18/2023

Charges Filed:

Insurance Fraud, Felony 2
Pattern of Unlawful Activity, Felony 2
Identity Fraud, Felony 2
Identity Fraud, 4 counts, Felony 3

Oxford Life: \$94,463
Foresters Financial: \$12,000

Insurance Agent Fraud/False Life Insurance Applications:

Between 2018 and 2022 the defendant worked as a life insurance agent. During this time he placed 60 policies for clients. The defendant added tobacco use to increase the premiums and the commissions he would receive. The defendant used incorrect contact information for the policy holders so they would not receive information from the insurer. Prior to the first premium being due, the defendant cancelled the policy after he had received the commissions. The defendant engaged in the above actions without the knowledge of the policy holders.

Case Status:

Pending Court Action

IFD-2023-00085-C

Filing Date: 5/18/2023

Charges Filed:

Insurance Fraud, Felony 3

USAA: \$1,626

Application Fraud/Auto Accident Past Posting:

In March of 2023 the defendant backed into another vehicle while driving without insurance. The defendant purchased insurance and then filed a claim that the accident happened after she was insured.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00360-C

Filing Date: 6/7/2023

Charges Filed:

WCF:

\$undetermined

Workers Compensation Insurance Fraud, Felony 2
Forgery, Felony 3

Forged Certificate of Insurance/Premium Avoidance:

In October of 2021 the defendant emailed a forged certificate of insurance to a contractor her staffing company was providing workers for. The investigation discovered that the defendant had over 50 employees who worked for her company without any workers compensation coverage.

Case Status:

Pending Court Action

IFD-2023-00023-C

Filing Date: 6/7/2023

Charges Filed:

Root:

\$2,559

Insurance Fraud, Felony 3

Application Fraud/Adding Full Coverage After Auto Accident:

In September of 2022 the defendant was involved in an auto accident while driving with liability only insurance. In order to get his vehicle damage covered the defendant added full coverage insurance to his policy and then claimed the accident happed after he had done so.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00097-C

Filing Date: 06/07/2023

Charges Filed:
Insurance Fraud, Felony 3

American Family: \$2,500

Duplicate Damages/Paper Accident

In April of 2023 the defendant was involved in an auto accident where another person backed into his car. The defendant was paid by the other driver's insurance company. The defendant then filed a claim a few weeks later with his insurance company alleging that an unknown vehicle backed into his car and sought to get paid for the same damages from his insurance company.

Case Status:
Pending Court Action

IFD-2021-00071-C

Filing Date: 06/27/2023

Charges Filed:
Communications Fraud, Felony 2

Utah First CU: \$100,228

Misrepresentation of Income for Car Loan:

In February of 2022 the defendant applied for a car loan to purchase a 2015 Porsche 911. The defendant, who is currently facing other insurance fraud related charges, lied on the loan application stating he made over \$17,000 per month when he had actually been laid off. The defendant also misrepresented the true purchase price of the car and received over \$23,000 more in cash from the loan as a result. The defendant defaulted on the first payment and the vehicle was re-posessed.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2023-00017-C

Filing Date: 06/27/2023

Charges Filed:

PEHP: \$33,170

Insurance Fraud, Felony 2
Insurance Fraud, 2 counts, Felony 3
Pattern of Unlawful Activity, Felony 2

Billing for Services Not Rendered:

Between April of 2020 to May of 2021 the defendant who is a counselor, submitted false billings to PEHP for treatment of patients that did not occur. The defendant submitted these billings alleging that the patients were treated by other medical providers in her facility. These medical providers never saw the patients and the billings were fabricated.

Case Status:

Pending Court Action

IFD-2023-00028-C

Filing Date: 04/18/2022

Charges Filed:

Great Western: \$23,958

Forgery, 3 counts, Felony 3
Identity Fraud, 3 counts, Felony 3
Communications Fraud, 3 counts, Felony 3

Insurance Agent Fraud/Writing False Policies:

Between August of 2022 and December of 2022, the defendant, who was a life insurance agent, submitted 30 policies for 20 people without their consent or knowledge in order to obtain undue commissions.

Case Status:

Pending Court Action

The seal of the Utah Insurance Department is a circular emblem. It features a central shield with a sunburst at the top, a mountain range in the middle, and a river at the bottom. The shield is flanked by two sheaves of wheat. Above the shield is an eagle with spread wings. The words "GREAT SEAL OF THE STATE OF UTAH" are inscribed around the inner circle, and "1896" is at the bottom. The outer ring of the seal contains the words "INSURANCE DEPARTMENT" at the top and "FRAUD DIVISION" at the bottom, separated by a decorative border.

Utah Insurance Department

4315 South 2700 West, Suite 2300
Taylorsville, Utah 84129

801-957-9200 (Office)
<http://www.insurance.utah.gov>

Fraud Division

1385 South State Street, Suite 110
Salt Lake City, Utah 84115

801-468-0233 (Office) * 801-468-0003 (Fax)
<http://www.ifd.utah.gov>